

**UNIVERSITY OF HAWAII**  
**Office of Research Services**  
**Prior Approval Form**

Principal Investigator \_\_\_\_\_ Funding Agency \_\_\_\_\_

Award Number \_\_\_\_\_ Current Budget Period \_\_\_\_\_

- Type of Action: ☐ I) Rebudget  
☐ II) No-Cost Extension  
☐ III) Other (describe in box below)  
☐ IV) Preaward Costs (For PHS-funded projects, Investigator (including any Key Personnel) must have completed ORS FCOI training prior to incurring such expenditures)

Description and Justification for Request:

**I) Budget line-item(s) change(s)**

Budget Period Affected \_\_\_\_\_

From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____

**II) No-Cost Extension**

Indicate extension period      From: \_\_\_\_\_ To: \_\_\_\_\_

Principal Investigator Signature _____	Date _____	Fiscal Authority Signature _____	Date _____
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Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Yaa-Yin Fong  
 Director, Office of Research Services